



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
[www.uspto.gov](http://www.uspto.gov)



CONFIRMATION NO. 6393

Bib Data Sheet

|                             |  |              |                        |  |
|-----------------------------|--|--------------|------------------------|--|
| SERIAL NUMBER<br>10/501,855 | FILING OR 371(c)<br>DATE<br>07/18/2005<br>RULE | CLASS<br>514 | GROUP ART UNIT<br>1624 | ATTORNEY<br>DOCKET NO.<br>20712-503 NATL |
|-----------------------------|--|--------------|------------------------|--|

**APPLICANTS**

Dale Edgar, Wayland, MA;  
 David G. Hangauer, East Amherst, NY;  
 Harry Jefferson Leighton, Rockport, ME;

**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/US03/01845 01/21/2003  
 which claims benefit of 60/349,912 01/18/2002  
 and claims benefit of 60/357,320 02/15/2002 \*

(\*Data provided by applicant is not consistent with PTO records.

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****\*\* SMALL ENTITY \*\***

| Foreign Priority claimed        | <input type="checkbox"/> yes <input type="checkbox"/> no   | STATE OR COUNTRY | SHEETS DRAWING | TOTAL CLAIMS | INDEPENDENT CLAIMS |
|---------------------------------|--|------------------|----------------|--------------|--------------------|
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance | MA               | 8              | 81           | 1                  |
| Verified and Acknowledged       | Examiner's Signature _____ Initials _____  |                  |                |              |                    |

**ADDRESS**

30623

**TITLE**

Treatment of sleep disorders using sleep target modulators

|                            |   |   |
|----------------------------|---|---|
| FILING FEE RECEIVED<br>999 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
|----------------------------|---|---|